

 **COPY**
Auto-Reply Facsimile Transmission

TO:

Fax Sender at 781 271 1527

Fax Information

Date Received:

3/14/2006 10:37:42 PM [Eastern Standard Time]

Total Pages:

4 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page
=====>

03/14/2006 TUE 23:12 FAX 781 271 1527 KURT RAUSCHENBACH

001/004
On notice Page 0001
Bedford, MA 01730
781.271.1503 fax
781.271.1527 fax
www.rauschenbach.com

TELECOPY COVER SHEET

RAUSCHENBACH PATENT LAW GROUP, LLC
ATTORNEYS AT LAW

TO:
AT: United States Patent and Trademark Office

TEL:
FAX: 571-273-8300

FROM: Kurt Rauschenbach, Ph.D.
DATE: March 14, 2006
DOCKET NO.: AEG-006
USSN: USSN: 10/666,974
PAGES: 4 (Including this Cover Sheet)

COMMENTS.

Please send confirmation of receipt of this facsimile transmission by
return facsimile. My fax number is 781.271.1527.

Thank you,
Kurt Rauschenbach

Doc. 2071

This facsimile is subject to attorney-client privilege and contains confidential information intended only for the person(s) named above. If you have received this facsimile in error, please notify us immediately by telephone and destroy the original transmission without making a copy.

Express Mail Label No. ED476583673US

TX REPORT ***

 **COPY**

TRANSMISSION OK



TX/RX NO	1598
CONNECTION TEL	15712738300
SUB-ADDRESS	
CONNECTION ID	
ST. TIME	03/14 23:12
USAGE T	01'22
PGS.	4
RESULT	OK

36 Battle Flagg Road
Bedford, MA 01730
781.271.1503 TEL.
781.271.1527 FAX
www.rauschenbach.com

TELECOPY COVER SHEET

RAUSCHENBACH PATENT LAW GROUP, LLC

ATTORNEYS AT LAW

TO:
AT: **United States Patent and Trademark Office**

TEL:
FAX: **571-273-8300**

FROM: **Kurt Rauschenbach, Ph.D.**
DATE: **March 14, 2006**
DOCKET NO.: **AEG-006**
USSN: **USSN: 10/666,974**
PAGES: **4 (Including this Cover Sheet)**

COMMENTS.

Please send confirmation of receipt of this facsimile transmission by
return facsimile. My fax number is 781.271.1527.

Thank you,
Kurt Rauschenbach

COPY

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/666,974

Filing Date

09/19/2003

First Named Inventor

Domash

Art Unit

1775

Examiner Name

Ling X Xu

Attorney Docket Number

AEG-006

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input checked="" type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):

Statement Under 37 CFR 3.73(b) (1 pg.) and Facsimile Cover Sheet (1 pg.) |
|--|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Rauschenbach Patent Law Group, LLC		
Signature			
Printed name	Kurt Rauschenbach		
Date	March 14, 2006	Reg. No.	40,137

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kurt Rauschenbach	Date	March 14, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

COPY



PTO/SB/82 (08-03)
 Approved for use through 11/30/2005. OMB 0651-0035
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/666,974
Filing Date	9/19/2003
First Named Inventor	Domash
Art Unit	1775
Examiner Name	Ling X. Xu
Attorney Docket Number	AEG-006

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **23701**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

23701

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Lawrence Domash, Chief Scientist, Aegis Semiconductor, Inc.		
Signature	<i>Lawrence H. Domash</i>		
Date	Feb 27, 2006	Telephone	781 904 4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Express Mail Label No. ED476583673US

COPY

Express Mail Label No. ED475251405US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/96 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Aegis Semiconductor, Inc.Application No./Patent No.: 10/666,974Filed/Issue Date: 9/19/2003Entitled: INDEX TUNABLE THIN FILM INTERFERENCE COATINGSAegis Semiconductor, Inc.a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 013594, Frame 0615, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2/28/06

Date

781-904-4000 x228

Telephone number

David Parent

Typed or printed name

David Parent

Signature

VP, Finance + Admin, Treas

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.